

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form

PLAINTIFF UNITED STATES OF AMERICA		RETURNED AND FILED		COURT CASE NUMBER 2:06cv736-WKW	
DEFENDANT \$74,700 IN UNITED STATES CURRENCY				TYPE OF PROCESS DECREE OF FORFEITURE	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. MAY - 9 2008 DEFENDANT CURRENCY - \$74,700				
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) c/o UNITED STATES MARSHALS SERVICE MOBILE DIST. OF ALA.				
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:				Number of process to be served with this Form - 285	
Tommie Brown Hardwick United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197				Number of parties to be served in this case	
				Check for service on U.S.A.	
				SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)	
Asset Identification No. 06-DEA-466148				U.S. DISTRICT COURT MOBILE DIST. OF ALA.	
Signature of Attorney or other Originator requesting service on behalf of: <i>Tommie Brown Hardwick</i>				TELEPHONE NUMBER (334) 223-7280	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				DATE 05/01/08	
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)		Total Process No. _____	District of Origin No. <u>2</u>	District to Serve No. <u>2</u>	Signature of Authorized USMS Deputy or Clerk <i>H. Chavers</i>
					Date <u>5/5/08</u>
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).					
Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)				Date of Service <u>5/5/08</u>	Time <u>3:00</u> am pm
				Signature of U.S. Marshal or Deputy <i>H. Chavers</i>	
Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>45.00</u>	Advance Deposits	Amount Owed to US Marshal or Amount or Refund

REMARKS:

PRIOR EDITIONS MAY BE USED

FORM USM 285 (Rev. 12/15/80)

Wausg
200-000208